

SPACE ACTION REQUEST**REAL ESTATE SERVICES DIVISION**

INSTRUCTIONS: Complete all applicable sections. Prepare in quadruplicate, provide RESD 4083s and other attachments as necessary, and submit to Department of General Services, Real Estate Services Division (RES D), 707 3rd Street, Suite 6-301, West Sacramento, California 95605 (or IMS Z-1), as outlined in S.A.M. Section 1300.

NAME OF REQUESTING AGENCY		AGENCY BILLING CODE	DATE
ADDRESS TO WHICH DOCUMENTS SHOULD BE SENT		NAME AND PHONE NUMBER OF AGENCY CONTACT	
NAME OF UNIT TO OCCUPY SPACE			
PRESENT ADDRESS (Include room number)		DATE REQUESTED ACTION NEEDED	

1. ACTION REQUESTED - Check appropriate box(es)

<input type="checkbox"/> NEW SPACE	<input type="checkbox"/> ALTERATIONS	<input type="checkbox"/> FURNISHINGS, EQUIPMENT REVIEW	<input type="checkbox"/> REPLAN	<input type="checkbox"/> STUDY (CONSULTING)	<input type="checkbox"/> ALTERNATIVE OFFICE
<input type="checkbox"/> ADDITIONAL SPACE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXTENSION OF LEASE	<input type="checkbox"/> SPACE REDUCTION	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> ERGONOMICS

2. LEASE COST - Check appropriate box

If the requested action results in a lease, renewal, or extension, which will exceed \$300,000 in any year during the term, a STD. 10, Estimate of Occupancy Costs, and Form 4083, Space Planning Data, will be required. Approval by the Department of Finance as indicated in Section 17 herein, is required prior to final execution.

<input type="checkbox"/> WILL exceed \$300,000	<input type="checkbox"/> WILL NOT exceed \$300,000
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3. BUDGET - Check appropriate box

If the requested action ☐ WILL require a budget augmentation within the term of the proposed lease, Department of Finance approval is required in Section 17.

If the requested action ☐ WILL NOT require a budget augmentation for any year within the firm term, the requesting agency shall so certify in Section 16.

4. TYPE OF SPACE - Check appropriate box(es)

<input type="checkbox"/> STATE-OWNED	<input type="checkbox"/> OFFICE (CONVENTIONAL)	<input type="checkbox"/> STORAGE/ WAREHOUSE	ANTICIPATED TERM
<input type="checkbox"/> LEASED	<input type="checkbox"/> OFFICE (OPEN LANDSCAPING)	<input type="checkbox"/> OTHER	

5. PRESENT OCCUPANCY STATUS OF SUBJECT UNIT

<input type="checkbox"/> STATE-OWNED SPACE	<input type="checkbox"/> LEASED SPACE	<input type="checkbox"/> NOT HOUSED	PRESENT AREA OCCUPIED SQ. FT.	PRESENT RENTAL \$	MONTH
IF LEASED SPACE	EXPIRATION DATE OF PRESENT LEASE	PRESENT LEASE CANCELLABLE AFTER	EFFECTIVE UPON		
			DAYS NOTICE		

6. STAFFING (Attach RESD 4083 for new space, addition to space, or lease extension if more than 10 P.Y.)

NUMBER OF EMPLOYEES	PRESENT	5 YEARS	SPACE NEEDED	ESTIMATED SQUARE FEET
Professional/Technical			Office	
Clerical			Storage/Warehouse	
Temporary			Land	
TOTAL			TOTAL	

7. SPECIAL OPERATION REQUIREMENTS/LOCATION PREFERENCE

LOCATION	DO HOURS OF OPERATION EXTEND BEYOND NORMAL WORKING HOURS (7:00 AM - 6:00 PM)?	PARKING REQUIREMENTS		
Cities	<input type="checkbox"/> NO <input type="checkbox"/> YES <small>If yes, specify days and hours of operation in comments section below.</small>	STATE CARS	PUBLIC	EMPLOYEES (See Gov. Code 14677)
Counties				

COMMENTS (NOTE special facility, hours of operation, etc.)

8. ADA SELF EVALUATION and TRANSITION PLAN (Required by DSA / AC Access Policy 00-01)

PLAN INFORMATION MAY BE OBTAINED FROM

NAME _____ TELEPHONE NUMBER _____

9. TELEWORKING - Check appropriate boxes

HAVE HOME OFFICE TELEWORKING AND/OR SATELLITE TELEWORK CENTERS BEEN CONSIDERED IN LIEU OF ADDITIONAL SPACE?

<input type="checkbox"/> NO	<input type="checkbox"/> YES
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IS DGS TELEWORKING CONSULTATION DESIRED?

<input type="checkbox"/> NO	<input type="checkbox"/> YES
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10. TELECOMMUNICATIONS - Check appropriate box

WILL THIS ACTION AFFECT YOUR CURRENT VOICE AND/OR DATA REQUIREMENTS?

<input type="checkbox"/> NO	<input type="checkbox"/> YES
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CONTINUE ON REVERSE

SPACE ACTION REQUEST

STD. 9 (REV. 3/2002) REVERSE

11. LEASE REQUIREMENTS

LEASE TERM	STARTING	ENDING	FIRM TERM	RENT TO INCLUDE	GIVE RENTAL BUDGET LIMITATIONS, IF ANY
YEARS			YEARS	<input type="checkbox"/> JANITORIAL <input type="checkbox"/> UTILITIES	

12. DGS ENVIRONMENTAL SERVICES (Check box if services are required)

☐ NO ☐ YES

13. FUNDING INFORMATION (Complete for alterations or furnishing, review-equipment)

ESTIMATED TOTAL COST			IF LEASED SPACE	SOURCE OF FUNDS	<input type="checkbox"/> CAPITAL OUTLAY	<input type="checkbox"/> SUPPORT
ALTERATIONS	CARPET	EQUIPMENT	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> AMORTIZE		CHAPTER NO.	ITEM NO.
\$	\$	\$				

14. RELATED PROJECTS

(List any current projects related to this fund source and include the RESD Transaction Number and/or Architectural Revolving Fund (ARF) SDO Account Number)

15. JUSTIFICATION

Attach project justification addressing each of the following concerns as applicable:

1. What program changes or authorization mandated this request for space or alterations and why is current space inadequate?
2. What are the location requirements for proposed space action (what are the program reasons and variables affecting the location search area to be used)?
3. What is the expected duration for this proposal to house the program operations subject to this request (rationale for firm term and overall term of lease)?
4. How does the proposal best meet State Regional Asset Management plans?
5. What is the assumed growth rate in this proposal and what is the basis for these assumptions? To what year of the lease is growth space included in the proposal?
6. Why is auxiliary space requested in excess of what currently exists?
7. Explain any request for space in excess of, or not consistent with, standards.
8. Justification for any conference or hearing rooms.
9. Explanation of parking needs and how parking is currently accommodated in current location (also, who pays what, and total cost now).
10. Explain one-time costs and how they will be paid for if not to be amortized in lease; e.g., moving costs; furnishings; telecommunication systems; equipment; data processing equipment, acquisition, installation and cabling; special tenant improvements.
11. If no budget augmentation is deemed necessary, how will net additional cost (one-time and lease cost) be paid for (redirection from what allotments, fund sources, and programs)?



Indicate any program change or authorization of new staff which mandates an increase in space or alterations; why the current space is inadequate and why new space is needed; where the major increases in costs are indicated, a cost analysis should be included to further clarify the request. If necessary, attach supporting documents. Also, indicate specifically what effect a denial of this request will have upon your program responsibilities. Further information may be requested by RESD.

16. AGENCY APPROVAL

The delegated Agency officials affixing their signatures below, certify that all fiscal impacts, staffing information, and justification (included herein and on the attached Program Data, Estimate of Occupancy Cost, and/or Space Planning Data forms, as necessary) relating to this request are accurate, complete, and are based on either:

(Specify A or B).

☐ **A** - Actual staffing approved in the most recent budget ☐ **B** - As approved by the Department of Finance

DEPARTMENT BUDGET OFFICER	TYPED NAME AND TITLE	DATE
		
AUTHORIZED SIGNER	TYPED NAME AND TITLE	DATE
		

17. FINANCE APPROVAL

The Department of Finance hereby authorizes the RESD to proceed with this request.

SIGNATURE OF DELEGATED DOF OFFICIAL	TYPED NAME AND TITLE	DATE
